MARYLAND STATE DEPARTMENT OF HEALTH

10102

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: CARROLL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WESTMINSTER
LENGTH OF STAY (in this place): 25 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 14 GEORGE ST.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WESTMINSTER
STREET ADDRESS (If rural, give location): 14 GEORGE ST.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) THOMAS (Last) BARNHART

4. DATE OF DEATH: (Month) OCTOBER (Day) 10 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: FEB. 14, 1887

9. AGE last birthday: 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MATERIAL INSPECTOR

10b. KIND OF BUSINESS OR INDUSTRY: LINOLEUM MFG.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE BARNHART

14. MOTHER'S MAIDEN NAME: MARY FLATER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-07-4386

17. INFORMANT AND ADDRESS: MRS. J. T. BARNHART — WESTMINSTER, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 24 hrs.

331X 830 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to Oct 10, 1950, that I last saw the deceased alive on Oct 10, 1950, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE: James T. Thorah (Degree or title): M.D. ADDRESS: Westminster Md DATE SIGNED: Oct 11/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE: OCT. 13, 1950
NAME OF CEMETERY OR CREMATORY: SANDYMOUNT CEMETERY
LOCATION (City, town, or county): SANDYMOUNT (State): MD.

DATE REC'D BY LOCAL REG.: 10/12/50
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: J. FRANCIS REESE ADDRESS: WESTMINSTER, MD.

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OCT 13 1950
BUREAU V. S

10103

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 1 month 22 das.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-2
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL	STREET ADDRESS (If rural, give location) 1122 Low Street ✓

3. NAME OF DECEASED (Type or Print)	(First) EDWARD	(Middle) LEON	(Last) BLACK	4. DATE OF DEATH	(Month) October (Day) 8 (Year) 1950
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Jan. 6,1904	9. AGE last birthday 46 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender	10b. KIND OF BUSINESS OR INDUSTRY Belair Cafe	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Joseph Black	14. MOTHER'S MAIDEN NAME Marva (Unknown)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 218-01-8231	17. INFORMANT AND ADDRESS Deceased			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Pulmonary Tuberculosis	May, 1950
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

CC 2x 13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 16, 1950, to Oct. 8, 1950, that I last saw the deceased alive on Oct. 8, 1950, and that death occurred at 8:40 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elmer P. Sauer	M.D.	Henryton, Md	10-8-50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/13/50	Mt Calvary Cem.	Brooklyn Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-8-50	Albert R. Swanthaus Deputy Local	Elroy O. Wilson	1000 Brantly

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 10 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10104

CERTIFICATE OF DEATH

Reg. Dist. No. 78

1. PLACE OF DEATH · COUNTY: Carroll — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: nr. Salem — LENGTH OF STAY (in this place): 8 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gamber
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): Rural--Finksburg

3. NAME OF DECEASED (Type or Print)	(First) ROSE	(Middle) MAY	(Last) BROTHERS	4. DATE OF DEATH	(Month) Oct. (Day) 7 (Year) 1950
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single	8. DATE OF BIRTH: 6-7-1870	9. AGE last birthday: 80 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Thomas Brothers	14. MOTHER'S MAIDEN NAME: Catherine Poole				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY No.: none	17. INFORMANT AND ADDRESS: George Brothers, Finksburg, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute cardiac decompensation	10 hrs
422.1 Antecedent cause(s)	(b) Chronic Myocarditis	3 yrs
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis	4 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1950, to Oct 7, 1950, that I last saw the deceased alive on Oct 7, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas R Fouty	MD	Westminster Md	10-8-50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE: 10-10-1950	NAME OF CEMETERY OR CREMATORY: Mt. Pleasant	LOCATION (City, town, or county) (State): Gamber, Md.
DATE REC'D BY LOCAL REG.: 10-9-50	REGISTRAR'S SIGNATURE: E. M. Farver	24. FUNERAL DIRECTOR: C. M. Waltz,	ADDRESS: Winfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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OCT 13 1950
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10105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgeville; LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgeville
STREET ADDRESS (If rural, give location) R.F.D. Mt. Airy, Md.

3. NAME OF DECEASED (Type or Print): (First) Pearl (Middle) (Last) Callahan

4. DATE OF DEATH: (Month) Oct. (Day) 10 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 23, 1878

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Allegany, N.Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Orson F. Schoonhoven

14. MOTHER'S MAIDEN NAME: Elsie Hitchcock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): no

16. SOCIAL SECURITY No.: -- --

17. INFORMANT AND ADDRESS: Mr. R.W. Callahan, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia - acute	5 da
442 X Antecedent cause(s)	Uremia - chronic	2 yrs
181a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio - Vascular - Renal disease	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to Oct 10, 1950, that I last saw the deceased alive on Oct 10, 1950, and that death occurred at 9:59 A m., from the causes and on the date stated above.

SIGNATURE Stanley Grabill (Degree or title) M.D. ADDRESS Mt Airy - Md DATE SIGNED 10/10/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Oct 13, 1950
NAME OF CEMETERY OR CREMATORY: Glenwood
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 10/10/50
REGISTRAR'S SIGNATURE Thos D Snyder

24. FUNERAL DIRECTOR: Olin L. Molesworth, Damascus, Md.
ADDRESS

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OCT 13 1950
BUREAU Y. S

M

10106

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) County Home

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) (Last) Coppersmith

4. DATE OF DEATH (Month) Oct. (Day) 30 (Year) 1950

6. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH April 9-1872
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY on farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Granville Coppersmith
14. MOTHER'S MAIDEN NAME not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Estella Wentz Westminster R.D.3 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH 5 days

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aterosclerosis — many years

950 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No

19a. DATE OF OPERATION X
19b. MAJOR FINDINGS OF OPERATION X
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) X (CITY OR TOWN) X (COUNTY) X (STATE) X
TIME OF INJURY (Month) (Day) (Year) (Hour) X m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from 10-20, 1950, to 10-30, 1950, that I last saw the deceased alive on 10-30, 1950, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) N. C. Stone M.D. ADDRESS Westminster DATE SIGNED 10-31-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 1-1950
NAME OF CEMETERY OR CREMATORY St. David's Cemetery
LOCATION (City, town, or county) Hanover 2, (State) Pa.

DATE REC'D BY LOCAL REG. 10/31/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR H Bankard & Son ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
NOV 6 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10107

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural New Windsor — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor Rural
STREET ADDRESS (If rural, give location) R.D. 1

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) FORD (Last) CRISSINGER
4. DATE OF DEATH (Month) Oct (Day) 10 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 7-1875
9. AGE last birthday 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Self employed
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William M. Crissinger
14. MOTHER'S MAIDEN NAME Mary Whitcraft
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Maurine M Crissinger New Windsor R.D. 1. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 10 min

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Marsh — (Degree or title) Deputy Medical Examiner — ADDRESS Westminster Md — DATE SIGNED 10/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Oct. 12-1950 — NAME OF CEMETERY OR CREMATORY Stone Chapel Cemetery — LOCATION (City, town, or county) New Windsor R.D. 1. Md. (State)
DATE REC'D BY LOCAL REG. 10/11/50 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR H Bankard & Son Westminster — ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
OCT 13 1950
BUREAU

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

10108

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~84~~ 81

1. PLACE OF DEATH: COUNTY ~~Frederick~~ Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Union Bridge — LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY ~~Frederick~~ Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Union Bridge
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): (First) STERLING (Middle) GORDON (Last) DAVIS

4. DATE OF DEATH: (Month) Oct. (Day) 25, (Year) 1950

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4/9/1907

9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Davis

14. MOTHER'S MAIDEN NAME: Clara Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: not known

17. INFORMANT AND ADDRESS: Mrs. Clara Fisher, Union Bridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

431X Immediate cause (a) Acute Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-24, 1950, to 10-25-, 1950, that I last saw the deceased alive on 10-25-, 1950, and that death occurred at 8 A.m., from the causes and on the date stated above.

SIGNATURE: T. H. Legg (Degree or title) M D — ADDRESS: Union Bridge Md — DATE SIGNED: 10-25-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/29/50 — NAME OF CEMETERY OR CREMATORY: Adfields Cem. — LOCATION (City, town, or county) (State): Adfields, Md

DATE REC'D BY LOCAL REG.: Oct 25/1950 — REGISTRAR'S SIGNATURE: ~~Emma Shaw~~ Leslie L. Repp

24. FUNERAL DIRECTOR: Lowell & Hartzler — ADDRESS: 42049 Libertytown & Woodsboro, Md

RECEIVED
OCT 31 1950
BUREAU V. R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10109

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 47 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) R.D. 2

3. NAME OF DECEASED (Type or Print): (First) Cora (Middle) Bell (Last) Dell

4. DATE OF DEATH: (Month) October (Day) 26 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 19-1887

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Buxton

14. MOTHER'S MAIDEN NAME: Margaret Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Edgar F. Dell Westminster R.D. 2 Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

260 X 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6, 1950, to Oct. 26, 1950 that I last saw the deceased alive on Oct. 25 1950, and that death occurred at 3 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. H. Legg MD ADDRESS Union Bridge Md DATE SIGNED 10-27-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Oct. 28-1950

NAME OF CEMETERY OR CREMATORY: Pipe Creek Cemetery

LOCATION (City, town, or county) (State): Westminster Md.

DATE REC'D BY LOCAL REG. 10-27-50

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: H. Bankard Son ADDRESS: Westminster, Md.

RECEIVED
OCT 31 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10110

CERTIFICATE OF DEATH

Reg. Dist. No. 82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Mt. Airy
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-- Mt. Airy
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) M. (Last) DIXON

4. DATE OF DEATH: (Month) Oct. (Day) 31 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	colored	widowed	6-6-1865	85 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Maryland	U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Erma Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Clyde Dixon, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia - Acute	10 da
442 X Antecedent cause(s)	(b) Chr. Interstitial Nephritis	? yrs
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cardio-Vascular-Renal disease	? yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 14, 1950, to Oct 31, 1950, that I last saw the deceased alive on Oct 31, 1950, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Stanley Grabill — ADDRESS: Mt Airy, Md — DATE SIGNED: 11/1/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	11-4-1950	Fairview	Carroll Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 3/50	Wm D Snyder	C. L. Waltz, Winfield, Md.	

000UV

RECEIVED
NOV 17 1950
BUREAU T. S

(5)

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I)

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10111

CERTIFICATE OF DEATH

Reg. Dist. No. 7X

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Dora (Middle) H. (Last) Edel
4. DATE OF DEATH (Month) Oct. (Day) 24/50 (Year) 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Jan 4, 1872
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W.
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Reischmiller
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Arthur Edel, (son) 5320 Fernpark Ave Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: Many years

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension

131a (c) chr myocarditis; chr interstitial nephritis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile changes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1939, to 24 Oct., 1950, that I last saw the deceased alive on 24 Oct., 1950, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE S. H. Lawson (Degree or title) M.D. ADDRESS Sykesville, Maryland DATE SIGNED 25 October 1950.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 27/50
NAME OF CEMETERY OR CREMATORY Western, Edmondson Ave. & Longwood St. Balto. MD.
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 10/26/50
REGISTRAR'S SIGNATURE H. W. Hedrick
24. FUNERAL DIRECTOR Harry H. Lintzke ADDRESS 4101 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10112

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown — LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Theodore (Middle) H (Last) Feeser

4. DATE OF DEATH: (Month) Oct. (Day) 14 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Dec. 4, 1867

9. AGE last birthday: 82 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jersant retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: General Farming

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jeremiah D. Feeser

14. MOTHER'S MAIDEN NAME: Amanda Arntz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mark E. Wisotzkey Taneytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Arteriosclerotic Nephritis	5 yrs.
446X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Generalized Arteriosclerosis	15 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 5 yrs.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) / INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/14, 1946, to 10/14, 1950, that I last saw the deceased alive on 10/13, 1950, and that death occurred at 12:30 P. m., from the causes and on the date stated above.

SIGNATURE: R. S. McVaugh (Degree or title) M.D. — ADDRESS: Taneytown, Md. — DATE SIGNED: 10/16/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct. 17 '50 — NAME OF CEMETERY OR CREMATORY: Lutheran — LOCATION (City, town, or county): Taneytown (State): Md.

DATE REC'D BY LOCAL REG.: Oct 16, 1950 — REGISTRAR'S SIGNATURE: Ethel M Mehring — 24. FUNERAL DIRECTOR: C.O. FUSS & SON — ADDRESS: Taneytown, Md.

OOOVV

RECEIVED
OCT 19 1950
BUREAU V, R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10113

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 1yr. 3mo. 23days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 23,
STREET ADDRESS (If rural, give location): 2212 Presstman St.,

3. NAME OF DECEASED (Type or Print): (First) EVELYN (Middle) FRANCIS (Last) FORBES

4. DATE OF DEATH: (Month) Oct., (Day) 24, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Nov., 21, 1920

9. AGE last birthday: 29 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress

10b. KIND OF BUSINESS OR INDUSTRY: Bar

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Alfred Guider

14. MOTHER'S MAIDEN NAME: Viola Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — May, 1949

002X

Antecedent cause(s)

13 b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949, to Oct. 24, 1950, that I last saw the deceased alive on Oct., 24, 1950, and that death occurred at 9:10 P. m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Sauer (Degree or title) M.D. ADDRESS: Henryton, Maryland DATE SIGNED: 10/24/50

23. BURIAL ~~CREMATION~~ REMOVAL (Specify): Burial — DATE: 10/28/50 — NAME OF CEMETERY OR CREMATORY: Asbury Mem. Pk. — LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE REC'D BY LOCAL REG.: 10/24/50

REGISTRAR'S SIGNATURE: Albert R. Swankhouse Deputy Local

24. FUNERAL DIRECTOR: Holland Funeral Home — ADDRESS: 1631 Druid Hill ave. 21217

RECEIVED
OCT 27 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10114

CERTIFICATE OF DEATH

Reg. Dist. No. 7X

1. PLACE OF DEATH· COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) since 5/1/49	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location) 2831 Woodbrook Avenue ✓

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Centennial	(Last) GEISSBERGER	4. DATE OF DEATH	(Month) Oct.	(Day) 17	(Year) 1950
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH 4/28/76	9. AGE last birthday 74 yrs.	If under 1 year Months —	Days —	If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) brass molder	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Philadelphia, Pennsylvania	12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME John Geissberger		14. MOTHER'S MAIDEN NAME Elizabeth Mueller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown — (If yes, give war or dates of service) ---	16. SOCIAL SECURITY NO. unknown	17. INFORMANT AND ADDRESS Records - Springfield State Hospital	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary emphyema	17 months
241X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Asthma	" "
110 a	(c) ---	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — 17 months

19a. DATE OF OPERATION ---	19b. MAJOR FINDINGS OF OPERATION ---	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---	(CITY OR TOWN) --- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ ---	HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Oct. 23, 1949, to Oct. 16, 1950, that I last saw the deceased alive on Oct. 16, 1950, and that death occurred at 6:50 a.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M. D. (Degree or title) — ADDRESS Sykesville, Maryland — DATE SIGNED 10/17/50

Martin Gross, M.D.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 10/21/50	NAME OF CEMETERY OR CREMATORY St. Mary's Cem., Hampden	LOCATION (City, town, or county) (State) Balto., Md.
DATE REC'D BY LOCAL REG. 10/19/50	REGISTRAR'S SIGNATURE H. W. Hedrick Dep	24. FUNERAL DIRECTOR Wm. J. Tickner & Sons	ADDRESS Balto Md.

33831

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10115

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH- COUNTY: Carroll — STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton — LENGTH OF STAY (in this place): 1mth. 19 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore -1
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL	STREET ADDRESS (If rural, give location): 430 N. Fremont Ave., ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANNIE		GRAIR	Oct.,	19	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	Negro	Widowed	12-15-92	57 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	own home	N, Carolina	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	June ,1950
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 30, 1950, to Oct., 19, 19 50, that I last saw the deceased alive on Oct., 19, 1950, and that death occurred at 2:50 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elmer P. Sauer	M.D.	Henryton, Maryland	10/19/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10-23-50	Mt. Calvery Cem.	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/19/50	Albert R. Strawbridge Deputy Local	Elroy Wilson	1000 Brantly ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 23 1950
BUREAU V. S

Case reported from
Henryton as

GRIAR

BECole

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10116

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton | LENGTH OF STAY (in this place) 1 mo. 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Drayden
STREET ADDRESS (If rural, give location) Valley Lee P.O.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) AUGUSTUS (Last) GREEN

4. DATE OF DEATH: (Month) Oct., (Day) 19, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Seperated

8. DATE OF BIRTH: Feb., 8, 1907

9. AGE last birthday: 43 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: State Roads

11. BIRTHPLACE (State or foreign country): Valley Lee, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Green

14. MOTHER'S MAIDEN NAME: Cecie Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-20-2855

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: Nov. 1949

002

Antecedent cause(s)

13d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 8, 19 50, to Oct. 19, 19 50, that I last saw the deceased alive on Oct., 19, 19 50, and that death occurred at 12:noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Elmer P. Lamm M.D. — Henryton, Maryland — 10/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Buried | DATE 10-23-50 | NAME OF CEMETERY OR CREMATORY Valley Lee Cem. | LOCATION (City, town, or county) St. Mary's Co. (State) Md.

DATE REC'D BY LOCAL REG. 10/19/50 | REGISTRAR'S SIGNATURE Albert R. Swanborn Deputy Local | 24. FUNERAL DIRECTOR Elroy Wilson | ADDRESS 1000 Bentley ave

98898

RECEIVED
OCT 23 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10117

CERTIFICATE OF DEATH

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NEAR SANDYMOUNT
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: FINKSBURG RI

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CARROLLTON
STREET ADDRESS (If rural, give location): FINKSBURG RI

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	NORVLE	GREEN	OCT.	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	APR. 21, 1895	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CARPENTRY	GENERAL	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MARION GREEN	CARRIE REESE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
YES W.W. I	220-09-4042	MRS. J. NORVLE GREEN, CARROLLTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — about 2 hours

420.1 Antecedent cause(s)

940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atherosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NO				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from did not attend deceased, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE C. Billingslea, M.D. (Degree or title) ADDRESS Westminster, Md. DATE SIGNED 10-28-50

acting deputy Med. Examiner Carroll County

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	OCT. 30, 1950	CARROLLTON CHURCH OF GOD CEM.	CARROLLTON	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/28/50	[signature]	J. FRANCIS REESE	WESTMINSTER, MD.

308 V9

RECEIVED
OCT 31 1950
BUREAU V. S

10118

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Finksburg — LENGTH OF STAY (in this place): 18 months	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Finksburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) CATHERINE	(Last) GRIMES	4. DATE OF DEATH	(Month) Oct. (Day) 2 (Year) 1950
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: 4-19-1873	9. AGE last birthday: 77 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework	10b. KIND OF BUSINESS OR INDUSTRY: own home	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: John Evans	14. MOTHER'S MAIDEN NAME: Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY No.: none	17. INFORMANT AND ADDRESS: Mrs. Wm. J. Grimes, Finksburg, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia - bilateral interstitial — 2 day

492X Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Virus infection of respiratory tract — 3 day

(c) Myocarditis - chronic

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-, 1948 to 10/2/, 1950, that I last saw the deceased alive on 10/2/, 1950, and that death occurred at 7:30 m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M. D. — ADDRESS: Reisterstown Md — DATE SIGNED: 10/3/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE: 10-5-1950	NAME OF CEMETERY OR CREMATORY: Morgan Chapel	LOCATION (City, town, or county): Carroll Co. Md. (State)
DATE REC'D BY LOCAL REG.: 10/4/50	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 5 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10119

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton | LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carolina
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marydel, P.O.
STREET ADDRESS (If rural, give location) Mt. Zion

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) CATHERINE (Last) HACKETT

4. DATE OF DEATH: (Month) Oct., (Day) 3, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 31, 1876

9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Marydel, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Brown

14. MOTHER'S MAIDEN NAME: Mary J. Tumey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Pulmonary Tuberculosis	November, 1946
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Tubercular Peritonitis	
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 18, 1950, to Oct. 3, 1950, that I last saw the deceased alive on Oct., 3, 1950, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE: Elmer F. Sauer (Degree or title) ADDRESS: Henryton, Md DATE SIGNED: 10/3/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/6/50	Mt. Zion	Marydel Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/3/50	Albert R. Saunders Deputy Local	R. B. Rawlings	Greensboro Md.

RECEIVED
OCT 16 1950
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10120

CERTIFICATE OF DEATH

Reg. Dist. No. 71

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. D. 5

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) R.D. 5

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) Rebecca (Last) Haines

4. DATE OF DEATH: (Month) 10 (Day) 8 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 29-1898

9. AGE last birthday: 51 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Alfred Hayes Young

14. MOTHER'S MAIDEN NAME: Justiana Rebecca Hesson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Edward M. Haines Westminster Md. RD 5

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0 Immediate cause (a) Acute Myocarditis — Interval Between Onset and Death: week

124.6 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Obesity & fatty infiltration liver, kidneys etc. — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 42., to Oct 8, 1950, that I last saw the deceased alive on Oct 7, 1950, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE James T Monk (Degree or title) M D | ADDRESS Westminster Md | DATE SIGNED 10/9/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 10-11-1950 | NAME OF CEMETERY OR CREMATORY Krider's Lutheran Cem. | LOCATION (City, town, or county) Westminster | (State) Md.

DATE REC'D BY LOCAL REG. 10/10/50 | REGISTRAR'S SIGNATURE Margaret R. Englar | 24. FUNERAL DIRECTOR H Bankard & Son Westminster | ADDRESS Md.

RECEIVED
OCT 13 1950
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10121

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: altimore 2
STREET ADDRESS (If rural, give location): 26 W. Lafayette Ave.,

3. NAME OF DECEASED (Type or Print): (First) GERTRUDE (Middle) BARNETT (Last) JACKSON

4. DATE OF DEATH: (Month) Oct., (Day) 30, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 21, 1926

9. AGE last birthday: 23 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: House maid

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lawrence Barnett

14. MOTHER'S MAIDEN NAME: Martha Ducson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Aug., 1950

002x

Antecedent cause(s)

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 2, 1950, to Oct., 30, 19 50, that I last saw the deceased alive on Oct., 30, 19 50, and that death occurred at 8:00 P. m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Lann (Degree or title) M.D. ADDRESS: Henryton, Maryland DATE SIGNED: 10/30/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 11/3/50 NAME OF CEMETERY OR CREMATORY: M E Cemetery LOCATION (City, town, or county) (State): A-9 Co Md

DATE REC'D BY LOCAL REG. 10/30/50 REGISTRAR'S SIGNATURE: Albert A. Swankhaus Deputy Local

24. FUNERAL DIRECTOR: Frances A Hemsley ADDRESS: 5784 Biddle St

52086

RECEIVED
NOV 3 1950
BUREAU V. S

10122

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville — LENGTH OF STAY (in this place) 14 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-21
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location) Marlyn Avenue

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) SAMUEL	(Last) KEMPER	4. DATE OF DEATH	(Month) 10	(Day) 20	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1889	9. AGE last birthday 61 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electricial	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk.	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT AND ADDRESS Record, Springfield State Hospital				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Mesenteric thrombosis	24 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	indefinite
	(c)	

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/6/50, 19....., to 10/20, 1950, that I last saw the deceased alive on 10/20, 1950, and that death occurred at 12:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry A. Read	M.D.	Sykesville, Maryland	10/20/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct. 31 1950	Springfield Hosp. Cem.	Sykesville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 31, 1950	C. Harry Weer	C. H. Weer Sykesville	Md.

496 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 3 1950
BUREAU V. S.

10123

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown — LENGTH OF STAY (in this place) 5 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Edward Nelson Koontz				4. DATE OF DEATH (Month) (Day) (Year) October 21 1950	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH August 7, 1896	9. AGE last birthday 54 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired carpenter		10b. KIND OF BUSINESS OR INDUSTRY General Repair	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Koontz			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 203-10-8441	17. INFORMANT AND ADDRESS John P. Koontz, Hanover, Penna.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Angina Pectoris	7 days
420.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94b	(b) Arterio Sclerosis with destruction of end-arteries in Right foot causing Gangrene in	11 months
	(c) Right foot necessitating amputation of foot last March.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Dec 7th, 1949, to Oct. 21st, 1950, that I last saw the deceased alive on Oct. 20th, 1950, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. M. Benner	MD.	Taneytown, Maryland	Oct. 21, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Oct. 23, 1950	NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	LOCATION (City, town, or county) (State) Taneytown, Maryland
DATE REC'D BY LOCAL REG. Oct 23, 1950	REGISTRAR'S SIGNATURE Mary B. Wolt, Deputy	24. FUNERAL DIRECTOR C.O.Fuss & Son, Taneytown, Md.	ADDRESS

308V9

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 26 1950
BUREAU V. C

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10124

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Myers District Westminster, R. D. 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
STREET ADDRESS (If rural, give location) Westminster, R. D. 1

3. NAME OF DECEASED (Type or Print): (First) Milton (Middle) Oliver (Last) Koontz

4. DATE OF DEATH: (Month) (Day) (Year) 10/13/50 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 7/13/1883

9. AGE last birthday: 67 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Painting of Bldgs.

11. BIRTHPLACE (State or foreign country): Carroll County, Md

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Henry Koontz

14. MOTHER'S MAIDEN NAME: Mary Frock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 217-03-5397

17. INFORMANT AND ADDRESS: Mrs M. Oliver Koontz, Westminster R.D.1 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Lung — Interval between onset and death: 30 months

163X

Antecedent cause(s)

47d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1947

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Left Lung

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1947, to Oct. 13, 1950, that I last saw the deceased alive on Oct. 13, 1950, and that death occurred at 11 55 P. m., from the causes and on the date stated above.

SIGNATURE: L. L. Potter — (Degree or title) M.D. — ADDRESS Littlestown, Pa — DATE SIGNED 10-14-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 10/16/50 — NAME OF CEMETERY OR CREMATORY: St. Marys Union Cemetery — LOCATION (City, town, or county) (State): Silver Run, Carroll Co, Md.

DATE REC'D BY LOCAL REG. 10/14/50 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: J. M. Little & Son; Littlestown, PA. — ADDRESS

Per R. A. Little

34049

RECEIVED
OCT 16 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10125

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) ----

3. NAME OF DECEASED (Type or Print): (First) Anton (Middle) ----- (Last) Kouba

4. DATE OF DEATH: (Month) October (Day) 8 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: December 1899

9. AGE last birthday: 50 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor and chiropractor

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? Russia (?)

13. FATHER'S NAME: Vincent Kouba

14. MOTHER'S MAIDEN NAME: ~~unknown~~ FRANCES SKOP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ----

17. INFORMANT AND ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage of lungs	5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tuberculosis of lungs	more than 12 yrs
	(c)	

002X 13 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. schizophrenia, paranoid type — 28 yrs

19a. DATE OF OPERATION: ----

19b. MAJOR FINDINGS OF OPERATION: -----

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): -----

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ----- (CITY OR TOWN) ----- (COUNTY) ----- (STATE) -----

TIME OF INJURY: (Month) ---- (Day) ---- (Year) ---- (Hour) ---- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? -----

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Oct. 8, 1950, that I last saw the deceased alive on Oct. 8, 1950, and that death occurred at 2.40 p.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) ADDRESS Sykesville, Md. DATE SIGNED 10-8-50

Martin Gross, M.D

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	10-13-50	HOLY REDEEMER	BALTIMORE MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
10/12/50	[illegible]	FRANK CVACIT & SON 900 CHESTER

V8292

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10126

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 4mos. 17days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 2,
STREET ADDRESS (If rural, give location): 1013 Sterling St., ✓

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) (Last) LAWRENCE

4. DATE OF DEATH: (Month) Oct. (Day) 2, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.,

8. DATE OF BIRTH: Mar. 1,1909

9. AGE last birthday: 41 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Dish Washer

11. BIRTHPLACE (State or foreign country): Suffolk, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Lawrence

14. MOTHER'S MAIDEN NAME: Jeanette Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-01-4406

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	October, 1946
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

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13 F

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1950, to Oct. 2, 1950, that I last saw the deceased alive on Oct. 2, 1950, and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Sauer (Degree or title) M.D. ADDRESS: Henryton Md. DATE SIGNED: 10/2/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial | DATE THEREOF: 10/4/50 | NAME OF CEMETERY OR CREMATORY: Suffolk, Va. | LOCATION (City, or town, or county) (State): Va.

DATE REC'D BY LOCAL REG.: 10/2/50

REGISTRAR'S SIGNATURE: Albert R. Swankhaus
Deputy Local

24. FUNERAL DIRECTOR: Geo. E. Kelson ADDRESS: 303 Postman St

52086

RECEIVED
OCT 4 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10127

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Mt Airy
LENGTH OF STAY (In this place) 2 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waterville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Carroll
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Rural Mt Airy
STREET ADDRESS (If rural, give location) Waterville Road

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) MILTON (Last) LOWE 2nd
4. DATE OF DEATH: (Month) Oct (Day) 19 (Year) 1950
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH: Aug 5, 1950
9. AGE last birthday: yrs. — If under 1 year: Months 2, Days 14 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Richard A. Lowe
14. MOTHER'S MAIDEN NAME: Martha Ann Sherman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Richard A. Lowe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

924.0 **Immediate cause** (a) Suffocation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
182 (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home — (CITY OR TOWN) Mt Airy — (COUNTY) Carroll — (STATE) Md
TIME OF INJURY (Month) Oct (Day) 19 (Year) 50 (Hour) 4:22 ☐ a.m. ☒ p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Suffocated in bed clothing

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James T Monk — (Degree or title) Deputy Medical Examiner — ADDRESS Westminster Md — DATE SIGNED Oct. 19-1950

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 10-20-1950 — NAME OF CEMETERY OR CREMATORY TRINITY — LOCATION (City, town, or county) Upper Marlboro, — (State) Md.

DATE REC'D BY LOCAL REG. 10/19/50 — REGISTRAR'S SIGNATURE Thos D Snyder

24. FUNERAL DIRECTOR C. M. Waltz — ADDRESS Winfield. Md.

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VS. A15A

RECEIVED
OCT 23 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

10128

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: CARROLL
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): 3yrs, 4mos, 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 139 Prince George Street

3. NAME OF DECEASED (Type or Print): (First) ROSALIE (Middle) JOSEPHINE (Last) MACALUSO

4. DATE OF DEATH: (Month) 10 (Day) 23 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-29-04

9. AGE last birthday: 46 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Anne Arundel Co., Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Peter Anthony Macaluso

14. MOTHER'S MAIDEN NAME: Josephine Corso

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Left Basal Pneumonia, Tuberculous	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	9 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Right Thoracoplasty in 1942

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-9, 1947, to 10-23, 1950, that I last saw the deceased alive on 10-23-50, 19, and that death occurred at 8:25 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Henry A. Mead, M.D. ADDRESS: Sykesville, Maryland DATE SIGNED: 10-23-50

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF: 10-26-1950 NAME OF CEMETERY OR CREMATORY: St Mary's Cemetery LOCATION (City, town, or county): Annapolis (State): Md.

DATE REC'D BY LOCAL REG.: Oct. 25, 1950 REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR: John M. Taylor Son Annapolis ADDRESS: Md.

23647

RECEIVED
OCT 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10129

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Millers Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 83 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millers
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) M. (Last) Miller

4. DATE OF DEATH: (Month) 10. (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-24-1867

9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Railroad man

10b. KIND OF BUSINESS OR INDUSTRY: Section Foreman

11. BIRTHPLACE (State or foreign country): Millers Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Aaron Miller

14. MOTHER'S MAIDEN NAME: Elizabeth Redding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Preston Baldinger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vasc. Disease 443X 93d	15 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1939, to Oct 27, 1950, that I last saw the deceased alive on Oct. 27, 1950, and that death occurred at 10:30 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Maurice C. Porterfield M.D. Hampstead, Md 10/28/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 10-30-50

NAME OF CEMETERY OR CREMATORY: Millers U. B.

LOCATION (City, town, or county) (State): Millers, Carroll Md.

DATE REC'D BY LOCAL REG.: Oct 29/50

REGISTRAR'S SIGNATURE: Mrs. H.R.S. Demmer

24. FUNERAL DIRECTOR: Jacob Winter Sons ADDRESS: Manchester, Md.

40847

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 31 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10130 83

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS A15

1. PLACE OF DEATH:
County: Carroll
City or town: Rural--- Woodbine
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Carroll
City or town: Rural--Woodbine
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: no

3.(a) FULL NAME: AMELIA MILTER

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	Married

6.(b) Name of husband ~~or wife~~: Charles Herman Milter
6.(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Feb. 5, 1888

8. AGE: Years	Months	Days	If less than one day
62			...hrs. ...min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own Home

FATHER
12. Name: Charles Pickett
13. Birthplace: Md.

MOTHER
14. Maiden name: Anna E. Duvall
15. Birthplace: Md.

16. Informant: Charles H. Milter
Address: Woodbine, Md.

17. (Burial, ~~cremation, or removal. Which?~~) BURIAL Date thereof 10-21-1950 (month) (day) (year)
Cemetery ~~or crematory~~: Morgan Chapel
Location: Carroll Co. Maryland

18. Funeral director: C. M. Waltz
Address: Winfield, Md.

19. (Date rec'd by registrar) OCT 21 1950 Registrar: Edna M. Hewett

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10/18 1950 at 6-50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 27 1949 to 10/18 1950 and that I last saw h[illegible] alive on Oct 17 1950

Immediate cause of death	DURATION
Sarcoma of Ulna	2½ yrs
Due to	
Due to	
Other conditions Diabetes	

196X
550
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W H Barnes MD M. D. ~~or other~~
Address: Sykesville Md. Date signed 10/19/50

RECEIVED
OCT 24 1950
BUREAU V. S

10131

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 38 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 93 W. Main

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 93 West Main

3. NAME OF DECEASED (Type or Print) (First) Milton (Middle) Phillip (Last) Myers
4. DATE OF DEATH (Month) October (Day) 27 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept. 15-1871
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Wesley Myers
14. MOTHER'S MAIDEN NAME Mary Elizabeth Shaffer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-03-6165
17. INFORMANT AND ADDRESS Malcolm Myers Hanover, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) arterio-sclerotic Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH about 5 years

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1948, to Oct. 27, 1950, that I last saw the deceased alive on Oct. 27th, 1950, and that death occurred at 11 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. F. Billingsley M.D. ADDRESS Westminster, Md. DATE SIGNED 10-27-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 30-1950
NAME OF CEMETERY OR CREMATORY Pruders Cemetery
LOCATION (City, town, or county) Westminster (State) Md.
DATE REC'D BY LOCAL REG. 10/28/50
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR H. Bankard & Son, Westminster, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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OCT 31 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10132

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY AnneArundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups; STREET ADDRESS (If rural, give location) Box 57

3. NAME OF DECEASED (Type or Print): (First) GILBERT (Middle) BENJAMIN (Last) NICHOLSON

4. DATE OF DEATH: (Month) October (Day) 29, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 27,1933

9. AGE last birthday: 17 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jessups, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gilbert Nicholson

14. MOTHER'S MAIDEN NAME: Edith Duke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Sister-Helen Nicholson- Box 57 Jessups, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tuberculous Meningtis — Interval Between Onset and Death: Oct.22,1950

010X Antecedent cause(s)

14 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 26, 1950, to Oct. 29, 1950, that I last saw the deceased alive on Oct. 29, 1950 and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elmer P. Lamm M.D. ADDRESS: Henryton, Md. DATE SIGNED: 10-29-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 11-2-1950 | NAME OF CEMETERY OR CREMATORY: St. Bests | LOCATION (City, town, or county) (State): Daemons, Md.

DATE REC'D BY LOCAL REG.: 10-29-50 | REGISTRAR'S SIGNATURE: Albert R. Swankham Deputy Local | 24. FUNERAL DIRECTOR ADDRESS: Mrs Kate R. Willcan 322 N. Schroeder St.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

10133

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 83

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Sykesville; LENGTH OF STAY (in this place) 31 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Sykesville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) EMILY (Last) NICKLES

4. DATE OF DEATH: (Month) OCT (Day) 12 (Year) 19 50

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 8-29-1881

9. AGE last birthday: 69 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Dorsey

14. MOTHER'S MAIDEN NAME: Jane ??

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Albert Thomas, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Sepsis Pneumonia	1 week
473X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 109	(b) Tonsillitis	2 weeks
	(c) Senilitas Morbus mentalis	15 years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 19 49, to Oct, 19 50, that I last saw the deceased alive on Oct 4, 19 50, and that death occurred at 12:15A m., from the causes and on the date stated above.

SIGNATURE Dr W. Hentzler (Degree or title) ADDRESS Sykesville DATE SIGNED 10-12-50.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF 10-14-1950 | NAME OF CEMETERY OR CREMATORY White Rock | LOCATION (City, town, or county) Carroll Co. (State) Md.

DATE REC'D BY LOCAL REG. Oct 14-50 | REGISTRAR'S SIGNATURE Edna M. Hewitt | 24. FUNERAL DIRECTOR C. M. Waltz, ADDRESS Winfield, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10134

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH · COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place): since 5-27-49	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital	STREET ADDRESS (If rural, give location): 2414 Westwood Ave ✓

3. NAME OF DECEASED (Type or Print)	(First) Jacob	(Middle) ---	(Last) Philipson	4. DATE OF DEATH	(Month) October	(Day) 13	(Year) 1950
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced	8. DATE OF BIRTH: 7-22-83	9. AGE last birthday: 67 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman	10b. KIND OF BUSINESS OR INDUSTRY: unk.	11. BIRTHPLACE (State or foreign country): New York City, N.Y.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: Philip Philipson	14. MOTHER'S MAIDEN NAME: Amelia Salzman						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: ---	17. INFORMANT AND ADDRESS: Records of Springfield State Hospital					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myocarditis and myocardial degeneration	7 months
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile psychosis, paranoid type	about 2 yrs
19a. DATE OF OPERATION: ----	19b. MAJOR FINDINGS OF OPERATION: ----	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): ----	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ----	(CITY OR TOWN): ----	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): ---- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? ----		

22. I hereby certify that I attended the deceased from August 1, 1949, to October 13 1950, that I last saw the deceased alive on October 13 1950, and that death occurred at 5.10 p.m., from the causes and on the date stated above.

SIGNATURE: Martin Gross, M.D. (Degree or title) — Martin Gross, M.D.

ADDRESS: Sykesville, Md.

DATE SIGNED: 10-13-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 10/15/50	NAME OF CEMETERY OR CREMATORY: Oheb Shalom	LOCATION (City, town, or county) (State): Balto Md
DATE REC'D BY LOCAL REG.: Oct. 14, 1950	REGISTRAR'S SIGNATURE: A. Harry Neer	24. FUNERAL DIRECTOR: Sol Kleinman & Bros	ADDRESS: 1124-26 W North Ave

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MARYLAND STATE DEPARTMENT OF HEALTH

10135

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg — LENGTH OF STAY (in this place) 17 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) George	(Middle) Norris	(Last) Power	4. DATE OF DEATH	(Month) Oct. (Day) 27, (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH July 23, 1885	9. AGE last birthday 65 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk in Post Office	10b. KIND OF BUSINESS OR INDUSTRY Finksburg	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Edward Norris Powers	14. MOTHER'S MAIDEN NAME Fannie Horner				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT Mrs. Arnold H. Georing, Baltimore, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Occlusion	Few minutes
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) (Previous attacks)	about 2 years
	(c) arteriosclerosis	Several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. no	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —	(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: C. L. Billingsley, (Degree or title) M.D. ADDRESS: acting Deputy Medical Examiner for Carroll County — DATE SIGNED 10-28-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Oct. 31, 1950	NAME OF CEMETERY OR CREMATORY Finksburg Cemetery	LOCATION (City, town, or county) (State) Finksburg, Carroll Co.
DATE REC'D BY LOCAL REG. 10-30-50	REGISTRAR'S SIGNATURE Mary B. Eline.	24. FUNERAL DIRECTOR J.F. Eline & Sons, Reisterstown, Md.	ADDRESS

26695

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Westminster — LENGTH OF STAY (in this place): 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bond St. Extd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Westminster
STREET ADDRESS (If rural, give location): Bond St. Extd.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) CHRISTIAN (Last) RANKIN
4. DATE OF DEATH: (Month) Oct (Day) 31 (Year) 1950

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb 27 1871
9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman
10b. KIND OF BUSINESS OR INDUSTRY: food distributor
11. BIRTHPLACE (State or foreign country): Braidwood Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Duncan Rankin
14. MOTHER'S MAIDEN NAME: Elizabet Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Mrs Adelaide Rankin, Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Softening — 6 mos.

332 X Antecedent cause(s) Arteriosclerosis (cerebral + general) — 3 yrs

83c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1944 to Oct 3/1950, that I last saw the deceased alive on Oct 30, 1950, and that death occurred at 4 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): E. Reese Wilkens, M.D. — ADDRESS: Westminster Md — DATE SIGNED: 10/31/50

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE: Nov. 2/50 — NAME OF CEMETERY OR CREMATORY: Mazon Cemetery — LOCATION (City, town, or county) (State): Mazon, Ill. Grundy Co.

DATE REC'D BY LOCAL REG.: 10/31/50 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: J. E. Myers Jr. — ADDRESS: Westminster Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10137

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lillie (Middle) May (Last) Ridenour

4. DATE OF DEATH (Month) 10 (Day) 18 (Year) 1950

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH 2/24/61

9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Mfn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME David W. Pompell

14. MOTHER'S MAIDEN NAME Harriet Ely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Springfield State Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Lobar pneumonia	1 week
447X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerosis	10 yrs.
108	(c)	Hypertension	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 11, 1944, to Oct. 18, 1950, that I last saw the deceased alive on Oct. 18, 1950, and that death occurred at 9:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. F. Martin M.D. Sykesville Md Oct 18-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 10/22/50

NAME OF CEMETERY OR CREMATORY Rose Hill Cem

LOCATION (City, town, or county) (State) Hagerstown Md

DATE REC'D BY LOCAL REG. Oct. 19, 1950

REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR A K Coffman ADDRESS Hagerstown Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 26 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield St. H.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN unknown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lula (Middle) (Last) Robertson
4. DATE OF DEATH (Month) Oct. (Day) 13 (Year) 1950

5. SEX fem
6. COLOR OR RACE wh.
7. ~~SINGLE~~, ~~MARRIED~~, ~~WIDOWED~~, DIVORCED, (Specify)
8. DATE OF BIRTH 1887
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Carroll County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William F. Cover
14. MOTHER'S MAIDEN NAME Jennie Newman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ~~or unknown~~) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of the breast with metastases	16 months
170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
50	(c)	28 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia Paran. type

19a. DATE OF OPERATION June 17. 49.
19b. MAJOR FINDINGS OF OPERATION Carcinoma of upper quadrant of r. breast.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1947, to Oct., 1950, that I last saw the deceased alive on ....., 1950, and that death occurred at 4.55 a.m., from the causes and on the date stated above.

SIGNATURE Elizabeth A. Winiarz (Degree or title) Springfield ADDRESS St. H. Sykesville, Md DATE SIGNED 10-13-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/15/1950
NAME OF CEMETERY OR CREMATORY Reformed
LOCATION (City, town, or county) Taneytown (State) Md.

DATE REC'D BY LOCAL REG. Oct. 13, 1950
REGISTRAR'S SIGNATURE C Harry Neer
24. FUNERAL DIRECTOR C. O. Fuss & son ADDRESS Taneytown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 17 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10139

CERTIFICATE OF DEATH

Reg. Dist. No. 76

M

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Westminster
LENGTH OF STAY (in this place): 2 mo, 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hook Road, Glover's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Westminster
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) ALBERT (Last) SHAFFER
4. DATE OF DEATH: (Month) Oct. (Day) 1 (Year) 1950

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Dec 22 1868
9. AGE last birthday: 81 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store keeper, retired
10b. KIND OF BUSINESS OR INDUSTRY: Clerk (College store)
11. BIRTHPLACE (State or foreign country): Baltimore Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Lewis Shaffer
14. MOTHER'S MAIDEN NAME: Lydia Catherine Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Wm Shaffer, Manchester

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	acute cardiac dilatation	6 hrs
Antecedent cause(s)	(b)	cerebral Hemorrhage	3 wks
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	arterio-sclerosis	6 yrs

331X

83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1-, 1950 to 10-1-, 1950, that I last saw the deceased alive on Sept 30, 1950, and that death occurred at 2.30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Chas. R Foutz MD — ADDRESS: Westminster Md — DATE SIGNED: 10-2-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Oct. 4. '50
NAME OF CEMETERY OR CREMATORY: Sandymount Cemetery
LOCATION (City, town, or county) (State): Finksburg, Md.

DATE REC'D BY LOCAL REG.: 10/3/50
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: J. E. Myers, Jr. — ADDRESS: Westminster, Md.

27879

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
OCT 5 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10140

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton — LENGTH OF STAY (in this place): 9 mos. 2 das.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville-28
   STREET ADDRESS (If rural, give location): Old Frederick Rd. & Cummings Ave.

3. NAME OF DECEASED (Type or Print): (First) RAYMOND (Middle) BENJAMIN (Last) TAYLOR

4. DATE OF DEATH: (Month) October (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 22, 1913

9. AGE last birthday: 37 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Meat Market

11. BIRTHPLACE (State or foreign country): Howard Co., Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Raymond Taylor

14. MOTHER'S MAIDEN NAME: Mary Jane Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: 216-07-9173

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: Oct., 1949

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 20, 19 50, to Oct. 22, 1950, that I last saw the deceased alive on Oct. 22, 19 50, and that death occurred at 11:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elmer P. Lamm M.D. — ADDRESS: Henryton, Md. — DATE SIGNED: 10-22-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 10-25-50 — NAME OF CEMETERY OR CREMATORY: Western Star Cem — LOCATION (City, town, or county) (State): Catonsville, Md.

DATE REC'D BY LOCAL REG. 10-22-50 — REGISTRAR'S SIGNATURE: Albert R. Swankhorn Deputy Local — 24. FUNERAL DIRECTOR: Frances A Hemsley — ADDRESS: 578 N Biddle St

42561

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10141

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 10mos. 9days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 1,
STREET ADDRESS (If rural, give location): 261 W. Hoffman St. ✓

3. NAME OF DECEASED (Type or Print): (First) ALBERTA (Middle) (Last) THOMPSON

4. DATE OF DEATH: (Month) Oct. (Day) 9 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan., 17, 1922

9. AGE last birthday: 28 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: House maid

11. BIRTHPLACE (State or foreign country): Laurinburg, N. Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Prince Albert Malloy

14. MOTHER'S MAIDEN NAME: Effie Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: June, 1949

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 30, 1949, to Oct. 9, 1950, that I last saw the deceased alive on Oct. 9, 1950, and that death occurred at 4:50 A.m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Sam (Degree or title) M.D. ADDRESS: Henryton Md DATE SIGNED: 10/9/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 10-15-50 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Laurinburg, N. Carolina

DATE REC'D BY LOCAL REG. 10/9/50 | REGISTRAR'S SIGNATURE: Albert R. Swankhouser Deputy Local | 24. FUNERAL DIRECTOR ADDRESS: Joseph L. Luca 1200 McCulloh St. Balto. 17 Md

52086

RECEIVED
OCT 17 1950
BUREAU V. P

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10142

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH- COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton — LENGTH OF STAY (in this place): 8 mos. 14 das.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore-1
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL	STREET ADDRESS (If rural, give location): 1060 Argyle Avenue

3. NAME OF DECEASED (Type or Print)	(First) THOMAS	(Middle) MONROE	(Last) WASHINGTON	4. DATE OF DEATH	(Month) October (Day) 17 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH: March 9, 1888	9. AGE last birthday: 62 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffuer	10b. KIND OF BUSINESS OR INDUSTRY: Private family	11. BIRTHPLACE (State or foreign country): Staunton, Virginia	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: Thomas Washington	14. MOTHER'S MAIDEN NAME: Millie Hart				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: 216-18-6811	17. INFORMANT AND ADDRESS: Deceased			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Dec. 1949

002X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 3, 1950, to Oct. 17, 1950, that I last saw the deceased alive on Oct. 17, 1950, and that death occurred at 11:28 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elmer P. Sauer	M.D.	Henryton, Md.	10-17-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-20-50	Mt. Calvary	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-17-50	Albert R. Swankham Deputy Local	Mr. Elroy Wilson	1000 Brentwood Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 19 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10143

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH · COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place): since 1/23/48	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Thurmont
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital	STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print)	(First) Martin	(Middle) Calvin	(Last) YOUNG	4. DATE OF DEATH	(Month) 10	(Day) 21	(Year) 1950
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed	8. DATE OF BIRTH: 5/4/64	9. AGE last birthday: 86 yrs.	If under 1 year: Months — Days —	If under 24 hrs.: Hours — Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): grist mill-Foreman	10b. KIND OF BUSINESS OR INDUSTRY: warehouse-stock	11. BIRTHPLACE (State or foreign country): Frederick County, Md.	12. CITIZEN OF WHAT COUNTRY? United States				
13. FATHER'S NAME: Ezra Young	14. MOTHER'S MAIDEN NAME: Sabino Boller						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown — (If yes, give war or dates of service): unknown	16. SOCIAL SECURITY NO.: unknown	17. INFORMANT AND ADDRESS: Records - Springfield State Hospital					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
003.1 Immediate cause	(a) Bilateral bronchopneumonia	3 weeks
110b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pleurisy with effusion	3 months
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile psychosis, simple deterioration	4 yrs

19a. DATE OF OPERATION: ---	19b. MAJOR FINDINGS OF OPERATION: ---	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify): ---	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ---	(CITY OR TOWN) --- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): --- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ ---	HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from April 13, 1948, to Oct. 21st, 1950, that I last saw the deceased alive on 10-21-, 1950, and that death occurred at 6:25 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Martin Gross, M.D. Martin Gross, M.D.	Sykesville, Maryland	10-21-1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 24/1950	United Brethren	Thurmont Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-23-50		Harry H. Umacost	4204 Ridgewood Ave

31652

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

10144

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 20

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY: Carroll	MARYLAND	STATE: Maryland COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Keymar	LENGTH OF STAY (In this place): 30 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Keymar
HOSPITAL OR INSTITUTION OR STREET ADDRESS:		STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JACOB	RAYMOND	ZENT	October	3	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	May 12, 1885	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Plant Inspector	Dairy industry	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William F. Zent	Margaret Neady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Robert L. Zent, Taneytown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary artery disease	
420 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
94a (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Harrold	Deputy Medical Examiner	Keymar Md	10/3/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-6-1950	Lutheran Cemetery	Taneytown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 6, 1950	Mary E. Witt Deputy	C.O. Fuss & Son	Taneytown, Maryland

VS. A15A

10678

RECEIVED
OCT 13 1950
LIBRARY U. S.

10145

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Amelia (Last) Zimmers
4. DATE OF DEATH (Month) 10 (Day) 19 (Year) 1950
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH 3/17/62
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James A. Dubel
14. MOTHER'S MAIDEN NAME Rosie Whitman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Springfield State Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis (generalized)	Several years
	(c) Senile psychosis with deterioration	4 yrs.

331X
83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to Oct. 19, 1950, that I last saw the deceased alive on Oct. 19, 1950, and that death occurred at 1:05 p.m., from the causes and on the date stated above.

SIGNATURE Walther H. Sonnenfeldt (Degree or title) M.D.
ADDRESS Springfield State Hosp. Sykesville, Maryland
DATE SIGNED 10/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-21-50
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. Oct. 19, 1950
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR J. O. Mitchell & Sons
ADDRESS 1900 Eutaw Place

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 23 1950
BUREAU V. S